BEST AVAILABLE COPY

DATENT	APPLICATION I	EE DETI	ERMINATION	RECORD
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Effective October 1, 2001

Application or Docket Number 10/087638 ASYS 8173US 1

l	CLAIMS AS FILED - PART I					SMALL ENTITY		OR	OTHER	OTHER THAN SMALL ENTITY				
1				(Column 1) (Column 2)				FEE	ſ	RATE	FEE			
	TOTAL	CLAIMS	12				ł	RATE BASIC FEE	370.00	OR	BASIC FEE	740	0.00	
	FOR			NUMBER FILE						OR	X\$18=			
	TOTAL	CHARGEABLE	CLAIMS	12 minus 20= 5 minus 3 =		2			X\$ 9=			X84=	1,	83
		ENDENT CLAIM							X42=	OR			+-	4
BEST	**	PLE DEPENDE				+140=		OR	+280=	1	08			
53	* If the	* If the difference in column 1 is less than zero, enter "0" in column 2									OR			
\gtrsim	ىل.	ING CLA	SMALL ENTITY			OTHER THAN			TY					
AVAILABLE	44	PS 90 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Column 1) CLAIMS REMAINING AFTER	C 200	HIG NU PREV	HEST MBER ROUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- ONAL FEB
<u> </u>			MENDMENT		PAU	20 =	.7.	1	X\$ 9=		OF	X\$18=		4
in	AMENDMENT A	otal *	-3	Minus	***	5		1	X42=		OF	X84=		4-1
СОРУ	NA F	IRST PRESENT	TATION OF	MULTIPLE DEPE	NDE	NT CLAIM	Д	1	+140=	·	OF	+280=		
P		. /		TOTAL ADDIT. FEE]of	ADDIT. F							
	8 - / 1	01/05			(Co	lumn 2}((Column :	3)_	ADOM: 1 C					
2,10,11,1	(%) 	01/03	(Column 1 CLAIMS REMAINING AFTER		N	GHEST LIMBER EVIOUSLY NO FOR	PRESENT EXTRA	7	RATE	ADDI- TIONA FEE		RATE		ADDI- IONAL FEE
٦.,	AMENDMENT		AMENDMEN	Minus	**	20	- \	7	X\$ 9=		0	R X\$18	=	
		Total Independent	• 0	Minus	022	3	=		X42=		\neg	R X84	e	
	暑	FIRST PRESEN	VITATION OF	MULTIPLE DEP	END	ENT CLAIM			+140=		I_{\circ}	R +280)=	
	1,6,								TOTA ADDIT. FE		」。	P ADDIT.	TAL	
			(Column	1)	(C	jolumn 2)	(Column	3)	i					4001
	10		CLAIMS REMAINE AFTER	10	Pi	HEGHEST NUMBER REVIOUSLY PAID FOR	PRESEN		RATE	ADD TION	AL	RAT	re	ADDI- TIONAL FEE
	Z Z		AMENDME	Minus	**				X\$ 9	3	I	OR XS1	8=	
i	AMENDMENT	Total Independent	<u> </u>	Minus	-		· _		X42:			OR X8	4=	
H	\\	FIRST PRES	ENTATION (F MULTIPLE DE	PEN	DENT CLAIR	A	_	+140			OR +28	30=	
	_					a are are in c	mhann 3		١ ــــــــــــــــــــــــــــــــــــ	TAL		<u> </u>	OTAL	
		the entry in col If the "Highest N Thickest N	umber Previo umber Previo umber Previo	than the entry in co usly Paid For' IN Ti usly Paid For' IN Ti sty Paid For' (Total	HIS SI	PACE is less the	nan 20, ente han 3, ente he highest	unwp 1,37, 61,50	ADDIT, I			ADDI	r. FEE 1.	
	1	The state of Ab	mber Proviou	sty Paid For (Total	Ot aug	MACINICAL ID				1				